PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED
APR 2.3 2019

I. Name of Lobbyist(s) _	Curti	s J. Barry	 APR 2 3 2019
II. Name of lobbyist's pa	rtnership, firm or cor	 NEW HAMPSHIRE DEPARTMENT OF STATE	

II. Name of lobb	yist's partner:	ship, firm or corp	oration, if any:			DEPARTMENT OF STA
		Barry Govern	-		C	
	(Name of partne	ership, firm or corpo	ration)			
	4 Park Str	eet, Suite 405	Concord,	NH	03301	
Business Address:	(Street)	(Town/City)		(State)	(Zip Code)
(·) 603-4	496-4564 one)	()			e-mail	curtis@barrygr.com
(Telepho	one)	· · · · · ·	(Fax)			· · · · · · · · · · · · · · · · · · ·
		noose one – file se ns which are not a				you may file a separate report for
✓ All reportable	transactions o	ccurring in the mo	onths prior to the	reportin	g date relativ	e to the following client:
N.H. Re	etail Associa	ition				
		ne of Client as it app	pears on the Lobby	ist Regis	tration Form)	
<u>OR</u> .			·			
☐ All reportable unrelated to any p			uding the lobbyi	st's fam	ily), or the lo	bbying firm listed below which are
IV. Date of Repo	ort April 2	4, 2019 🗹		Ju	ly 31, 2019	
-	•	te of registration to	3/31/19		om 4/1/19 to	
		r 30, 2019 🗍 <i>m 7/1/19 to 9/30/19</i>			nuary 29, 202 <i>from 10/1/19 to</i>	
	ked, complete j					ince the last report. Gice, State House, Room 204,
VI. Check if add	itional reports	s are attached:				
	-	made expenditure	s, you must file	Addend	um A- Fees	and Expenses
	aid an honorar					B- Report of Honorariums or
☐ If you, your f	īrm, or your fa	mily has made pol	litical contribution	ons, you	must file Ad	dendum C- Political Contributions
and complete to the (Signature of lob	15, RSA 15-B, he best of my k d byist)			by swear	1.7	at the foregoing information is true (5) 19 (Date)
(Print Name of lo	<u></u>	JANY -	_			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Barry Government Relations		
(Name of partnership, firm or corporation)		
III. Name of ClientN.H. Retail Association	Date	April 15, 2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations	, or public relations service
a) Total of all fees received in this reporting period	a) \$	\$10,050
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ ear)	NA
c) Total of all fees received to date (Add lines a and b)	c) \$	\$10,050
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	\$0
V. Expenses:	client and may be fi e aggregat expenses; (le: meals ss than \$1 ed with a pring peri he of greater than \$2 expense	if expenditures are made by led for the lobbyist(s)/firm to total of all expenses paid by the aggregate total of a purchased during a business 0 that is given to the person value of \$25.00 or less); and of greater than \$25.00 for the term of \$25, purchase of \$25, but not greater than \$50 reimbursement, or political services are made by the serv
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
·	\$
·	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
*	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
and Ada	4-15-19
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	